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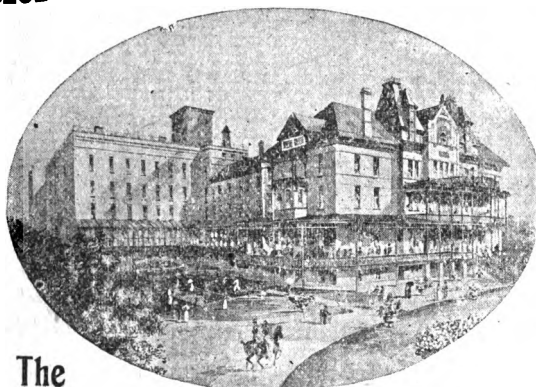
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No. 7.

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## *Original Communications.*

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### CHOLERA INFANTUM.\*

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BY J. R. HARWELL, M.D., OF NASHVILLE, TENN.

---

Cholera infantum is an acute gastro-intestinal disease, characterized by frequent watery evacuations from the bowels, nausea and vomiting, with a rapid exhaustion and extreme depression. It derives its name from its supposed resemblance to Asiatic cholera, and the fact that it is confined to infancy, rarely occurring in children over two years of age.

While resembling Asiatic cholera in some of its aspects it is quite a different disease, and originates from causes entirely foreign to the germ of cholera. One writer in defining the disease designates it as a "gastro-intestinal choleriform catarrh." In classifying the disease some authorities include it in the general term of summer complaint or summer diarrrhœa of children,

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\*Read at Nashville Academy of Medicine, March 29th, 1894.

and in many cases it is but an exaggerated condition of that disease, beginning with a diarrhœa which may run on for days and even weeks, and then culminating in the condition known as cholera infantum. In other cases the attack is ushered in suddenly without any premonitory symptoms.

*Etiology.*—There are several factors that usually enter into the causation of this disease. Among them may be mentioned hot weather, impure air such as is found in our cities, caused by noxious gases arising from decaying animal and vegetable matter, and dentition—all of which are predisposing causes, while improper food and improper feeding may be regarded as the principal exciting causes. The disease is rare in winter, and, even in hot weather it is rare in healthy country localities, and it often occurs in children before dentition begins. One of the worst cases I have seen occurred in an infant two months old, in winter, and nursing at the breast, but whose mother was foolishly persuaded that all babies should be taught to eat solid food, and who fed it on bread which she had previously masticated. In many cases the disease is superinduced by the impaired quality of the mother's milk, or if bottle-fed impure cow's milk may bring on the disease. And when the quality of the food is not impaired attacks may and often do occur from over-feeding.

*Symptoms.*—Usually the first symptom is a diarrhœa. If no diarrhœa has previously existed the first few evacuations may contain healthy fecal matter. These soon change, however, to very thin serous discharges, so thin that they soak into the diaper like water, sometimes hardly leaving a stain. The actions often have a musty, disagreeable odor. In many cases they assume a greenish color, are of acid reaction and acid in character, so much so as to excoriate the skin around the anus. Vomiting usually begins after diarrhœa has commenced, but occasionally it is the first symptom that attracts attention. It is usually persistent and hard to control.

There is usually more or less fever in these cases, and in those of severe type the fever is generally very high. The temperature of the skin may be cool and even subnormal. While the thermometer introduced into the rectum often reveals a temperature of 105 and even more, going sometimes to 107. There is

usually considerable acceleration of the pulse, with a moist tongue in the beginning of the disease, and it often is but little coated.

There is usually rapid emaciation, with sunken eyes, flabby skin and muscles, with extreme debility and prostration.

While the desire for food is greatly impaired or entirely lost there is intense thirst, the child taking with avidity anything offered it in liquid form that is cool or tends to allay thirst. Many of these little sufferers will watch with anxious and imploring eyes the glass of cold water and grasp and hold it to their parched lips when offered them until the last drop is drained. They will seize with equal eagerness the breast or bottle, or anything that promises to relieve the intolerable thirst.

There is great restlessness in many cases, especially in the beginning, with tossing of the head and an anxious expression of countenance, and as the disease approaches a fatal termination serious nervous symptoms supervene which end in convulsions and coma. The urine is usually scanty and death has sometimes been attributed to uremia. The very rapid and extraordinary leakage of the serum of the blood through the intestines accounts no doubt in most cases for the scantiness of the urine. There is a symptom I have observed in some cases that I have not seen described in any of the books in connection with the disease. It is frequent yawning or wide opening of the mouth. When I have seen this symptom the patient has nearly always died. It does not occur in the beginning of the disease, but usually just before the severe nervous symptoms supervene such as convulsions and coma.

*Morbid Anatomy and Pathology.*—From observations made by pathologists the alimentary canal is the principal seat of the changes affected by this disease. There is redness and tumefaction of the mucous membrane of those portions of the tract involved. The solitary follicles are inflamed and in many cases Peyer's patches are also invaded. There is first enlargement of the follicles followed by softening and ulceration. The ulceration may involve the follicles alone, or it may extend, and often does in chronic cases to the surrounding mucous and sub-mucous membranes. After death the stomach has been found to be softened without any lesion of the intestines, in other cases

the stomach is softened while the mucous membrane of the intestines, and particularly the follicular structures are diseased. Again the stomach has been found healthy, while the follicular apparatus or mucous membrane is diseased, while in other cases the gastro-intestinal tube shows no appreciable lesion, or lesions so insignificant as to give no explanation of the gravity of the symptoms. Rilliet and Barthez say on this point: "So far, the disease resembles all the catarrhs, but what is special is the abundance of serous secretion and the disturbance of the great sympathetic nerve." They also point out the fact that the serous secretion appears to be produced by a perspiration (analogous to that of the respiratory passages and of the skin) rather than by a follicular secretion.

Usually other viscera than the alimentary canal present no marked changes in cholera infantum. The liver, lungs, spleen, kidneys, and even the stomach, are often found to have undergone no morbid changes, although any of these organs are liable to be incidentally involved.

*Diagnosis.*—The diagnosis in cholera infantum is usually very easy. The symptoms are pronounced. The frequent, thin, watery evacuations characteristic of this disease, the nausea, vomiting, great thirst, restlessness, rapid prostration and emaciation, suggest this disease at once. If these symptoms occur in an infant, especially if it be teething and is in a crowded city with the presence of hot weather you may decide with almost unerring certainty that it is cholera infantum you have to deal with. If Asiatic cholera should be prevalent at the same time in that locality it might render diagnosis difficult. Sometimes there are brain symptoms coming on early in cholera infantum that might lead to a suspicion of meningitis, but in meningitis the cerebral trouble is prominent at the beginning, while in cholera infantum the brain symptoms such as stupor and insensibility do not often appear before exhaustion. In meningitis the bowels are usually constipated. If they should be loose and accompanied with vomiting these symptoms are not so violent as cholera infantum.

*Prognosis.*—True cholera infantum is a grave disease and of short duration. The patient will either die in a few days or get better. The percentage of mortality is large. Physicians,



therefore, cannot be too careful in forming and expressing opinions as to the result. If we should arrest the vomiting, and the evacuations should become more consistent and less frequent, and no brain symptoms supervene, while the pulse is good and the extremities warm, we should be hopeful. But even cases that improve are liable to become chronic and last for weeks and months and finally exhaust the patient. These chronic cases, however, do not differ in their general aspects from the ordinary summer diarrhœa of children.

*Treatment.*—It is always better to prevent a disease than to cure it. Preventive measures should, therefore, be adopted in all cases where it is practicable, and those causes which operate to produce cholera infantum should be kept as far from infants as possible. Infants as a rule should not be weaned in hot weather and subjected to the dangers incident to an abrupt change of diet. As the disease is rare in the country their removal to healthy country localities is advisable. Great care should be observed as to the quality and quantity of the food. Ordinarily no food is as well adapted to the infant as its mother's milk, but there are exceptions, and sometimes it becomes necessary to resort to artificial feeding. When this is the case we should select that article which most closely resembles human milk. My preference is always for cow's milk, but it must be carefully looked after to see that no fermentation changes take place before it is given to the child. Nursing bottles and nipples should be kept scrupulously clean. I usually direct the nurse to keep several bottles, say a half dozen, and to use them in rotation, and as soon as used to be immediately emptied, and after thorough cleaning to be filled with water in which soda bicarbonate has been dissolved. I have also been accustomed for several years to the use of Fairchild's Peptogenic Milk Powder with bottle-fed children, and I have rarely seen any bad result follow the use of cow's milk when this powder was used with it.

In the treatment of cholera infantum it is often necessary to change the diet at once. If the child nurses the mother we may change to cow's milk, or condensed milk, or to some of the malted milks, or to some of the animal broths. We often see good results follow such changes.

In addition to a change of food give the patient plenty of

pure air if possible, such as can only be found in the country.

Usually there is excessive acidity of the stomach and this acidity is communicated to the stools. The indications are therefore to neutralize this excessive acidity which may be done by the administration of antacids. Lime water, prepared chalk and bismuth answer an excellent purpose. I usually venture to give minute doses of calomel to these little sufferers, notwithstanding several authorities see no good in it. I think it calculated to have a good effect on the faulty secretion in the alimentary tract. At any rate I believe it can do no harm and may arouse a torpid liver to healthy action, causing an increased flow of normal bile, which is itself alkaline and will help to neutralize the excessive acidity found in the intestines.

In the beginning of the disease if the presence of undigested food or other irritating substance is suspected as being in the bowels they should be removed by a good dose of castor oil which may be mixed with aromatic syrup of rhubarb to disguise the nauseous taste.

Some believing the disease to result from the presence of micro-organisms exhibit antiseptic remedies. The bichloride of mercury and other germicides and antiseptics have been used, but I have had little experience with them in this disease. Opium is used by many and is useful in proper doses. I prefer it in the form of paregoric with which you are all familiar. But opium in any form should be given with extreme caution, and its effects closely watched, as there is a tendency in this disease to brain complications which an opiate may precipitate.

Vegetable astringents have had a long run, but I rarely use them now. They sometimes irritate the stomach and do harm.

The subnitrate of bismuth is the best single remedy I know of in this disease. It fulfils several indications most admirably, as it is antacid, astringent and anti-emetic. I believe in the use of alcoholic liquors in this disease, and I always give them in small doses. I think the effect on the stomach is beneficial and helps to relieve nausea, and it helps to carry the blood to the surface.

A gentleman in this Academy a few years ago suggested the hypodermic use of morphia and atropia in this disease,  $\frac{1}{100}$  of a grain of the former and  $\frac{1}{1000}$  of a grain of the latter. I have

never been bold enough to use it, but theoretically it struck me as excellent treatment. Give the patient plenty of cool water. Often the disease is aggravated by allowing the child to take the breast or the bottle to allay its thirst when it only needs water. The serum of the blood is poured like a torrent into the intestines and we can only compensate for this loss by the free administration of water.

When the disease is under control tonics are useful in building up the patient. I prefer the bitter vegetable tonics such as calisaya, gentian, colombo, etc. These, or either of them, may be given in the form of elixir, with or without iron, according to the indications presented in each case.

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A REPORT OF NINE CASES OF CONTUSIONS AND  
SPRAINS OF THE BACK, WITH SPECIAL RE-  
FERENCE TO THE EARLY TREAT-  
MENT OF THESE INJURIES.\*

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BY HENRY R. WHARTON, M.D.,

Surgeon to the Presbyterian, Methodist Episcopal, and Children's Hospitals; Demonstrator of Surgery at the University of Pennsylvania.

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During my term of service in the Presbyterian Hospital in 1892 there were admitted to the surgical wards nine patients who suffered from contusions and sprains of the back, and it has occurred to me that a short description of the method of treatment, which I have employed with the most satisfactory results in this class of injuries, might be of some interest to the Fellows of the Academy.

CASE I.—J. P., aged twenty-eight, gardener, who was admitted to the hospital May 5, 1892, received a blow upon the back in the left lumbar region, from a heavy wooden tub, which caused him severe pain. An examination after admission proved that there was no injury to the spine, but there was intense pain upon pressure in the left lumbar region, and also severe pain upon motion. The patient's back was strapped with adhesive plaster,

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\*Reported at meeting of Philadelphia Academy of Surgery, May 7th 1894.

and two days afterward he was able to sit up with comfort, and he was discharged from the hospital on May 9th.

CASE II.—H. P., aged nineteen years, fireman, was admitted May 12th, 1892, with the following history: while standing on the edge of the tender of a locomotive he slipped and fell between the tender and the station platform; the engine was moving at the time, and he was rolled between the tender and platform, being severely squeezed in the lumbar region.

Upon examination after admission, no fracture of the spine or pelvis could be detected, but the patient complained of intense pain in the back, was unable to stand, and suffered from retention of urine. The back was firmly strapped with adhesive plaster. Upon introducing a catheter, a large quantity of bloody urine was drawn from the bladder, and after this the patient passed the urine voluntarily, which was deeply tinged with blood for four days. The patient improved steadily, and was discharged from the hospital on May 27th, being able to walk, but still having some tenderness in the lumbar region, this part being still supported by means of adhesive straps.

CASE III.—J. G., aged twenty-five years, steam fitter, was admitted on May, 20th, 1892. The patient stated that while boarding a moving train at Powelton Avenue he was thrown against the milk platform, striking his back and shoulder. An examination on admission, showed slight contusion of the shoulder, and marked contusion and tenderness over the lumbar region. The patient was unable to walk, and complained of severe pain upon pressure and upon making any movements. The patient also suffered from retention of urine, requiring the use of a catheter. The patient was discharged in good condition on June 4th.

CASE IV.—D. D., aged forty-three years, brick-layer, was admitted to the hospital on May 23, 1892. The patient stated that while standing on a platform sixteen feet high, laying brick, the wall was pushed over by a derrick and he was thrown to the ground, striking upon his back. An examination after admission showed marked contusion of back and shoulder, great tenderness upon pressure and motion, and some tenderness over the spinous process of one of the lower dorsal vertebræ. The back

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was strapped, which gave great comfort. The patient was kept in bed for a week, and was discharged on June 6th, in good condition.

CASE V.—R. C. W., aged twenty-seven years, brakeman, was admitted to the hospital on May 28, 1892. The patient stated that he was knocked off the top of a car on which he was riding and was thrown to the ground; striking upon his back. On examination there were marked contusion of the back in the lumbar region, tenderness upon pressure, and inability to stand or walk. The patient's back was strapped, which gave him marked relief, and he was discharged June 30th.

CASE VI.—A. W., aged twenty-eight years, trucker, was admitted to the hospital May, 31, 1892. Patient stated that while moving a heavy slab or stone, it fell and struck him upon his back. An examination after admission to the hospital detected no fracture of the vertebræ, but there was great soreness and tenderness on pressure in the lumbar region. The back was strapped, and the patient discharged from the hospital on June 3rd, in good condition.

CASE VII.—J. C., aged nineteen years, iceman, was admitted to the hospital on June 12, 1892. The patient stated that he slipped while crossing the street, and fell, striking his back upon the curbstone. He was unable to walk, and was brought to the hospital by the patrol. Upon examination after admission it was found that the patient had great pain in the left lumbar region, but there was no evidence of fracture of the vertebræ. The back was strapped, which gave him immediate relief. This patient suffered from retention of urine, and upon evacuation of the bladder it was found that the urine was bloody. The blood disappeared from the urine in a few days. The patient did well, and was discharged on June 14th.

CASE VIII.—W. McN., aged thirty-five years, brakeman, was admitted June 22, 1892. The patient stated that in a freight wreck at Tacony the car on which he stood was thrown from the track, and he was thrown to the ground, striking upon his back. An examination after admission showed that he was suffering from contusion of the back and foot. The back was strapped, and the patient was discharged, in good condition, on June 25th.

CASE IX.—L. B., aged twenty-five years, was admitted to the



hospital June 25, 1892. The patient stated that while standing on the top of a freight car he was knocked off by the Spring Garden street bridge, and was thrown to the ground, striking upon his back. On examination after admission, he was found to be suffering from severe contusion of the back, but there was no evidence of fracture of the vertebræ. The back was strapped, which gave him marked relief. The patient also passed bloody urine. The patient did well, and was discharged on June 28th.

It will be noticed in the above cases that the lumbar-dorsal region of the back was the part most frequently injured, and this part seems to be that which was most commonly the seat of contusions and sprains. As regards the treatment of contusions and sprains of the back, I consider that rest in bed is a matter of the first importance, and in addition I have found that the pain and general discomfort of the patient is much diminished, and the time of treatment much shortened by having the back firmly strapped as soon as the patient came under observation. The strapping of the back is effected by taking strips of resin-adhesive or of rubber-adhesive plaster, 2½ inches in width, and long enough to extend half way around the body; these are applied so as to cover in the back, one strap slightly overlapping the other, from a point just below the junction of the last vertebræ with the sacrum to the lower ribs. These straps were often removed at the end of two or three days, and the back was re-strapped if the pain and tenderness still persisted. The straps were usually allowed to remain in place until the patient was up and about, without complaining of pain or discomfort in the region of the injury. In cases of severe contusion the straps often require renewal a number of times.

This method of treatment of contusions of the back was first called to my notice by Professor Ashhurst while serving as resident physician in his wards at the University Hospital, and since I have employed it I have entirely discarded the use of fomentations and stimulating lotions, which are generally recommended in the treatment of these injuries.

The treatment usually recommended in contusions and sprains of the back is warmth, frictions, stimulating liniments, ano-

dynes, acupunctures, galvanism, and massage, and of these I think massage is the most valuable, employed after the acute symptoms following the the injury have subsided ; but in early stages of these injuries I am convinced that strapping will be found the most satisfactory method of treatment.

I have observed that the application of straps employed as above described is usually promptly followed by relief of pain, and the fixation produced allows the patient to move with more comfort, and I am very certain, after having employed this method of treatment in a considerable number of cases, that the time required for the recovery of the injured parts is much shortened. It will be observed, by referring to the cases reported, that many of them were comparatively trivial injuries, and the patients recovered in a short time ; but even in this class of cases the suffering is often very intense for the first few days. It will be observed that Cases II, VII, and IX passed bloody urine for a few days after the injury, showing that the injury had been severe enough to produce laceration or contusion of the kidney. Lidell, (*Inter. Encyclopædia of Surgery*, vol. iv., p. 700) in his very excellent article upon contusions and sprains of the back, speaks of the frequency of hæmaturia in these injuries when powerful blows have been delivered upon the lumbar or dorsal region of the back. The recovery, as far as I know, in all of the cases reported was satisfactory, except in Case IV. In this case the patient developed, some months after leaving the hospital, symptoms of traumatic neurasthenia, complaining of pain in the back and head, and vertigo, and brought suit against the contractor for whom he was working at the time of the injury. From what I heard of this case, and from the fact that when it was ascertained that the patient was doing his ordinary work, the suit was settled for a trivial sum, I am inclined to think that the symptoms developed were not severe, and might be classed as litigation symptoms.

In cases of severe contusion of the back when there is inability to stand or there is present great pain on motion, and where tenderness over the spine and a certain amount of fixation is present after the injury, I think there is too much tendency to attribute the symptoms resulting to an injury of the spinal cord or membrane, which injuries when unaccompanied with frac-

tures of the vertebræ are extremely rare ; whereas, the injury resulting to the muscles, ligamentous structures, and nerves, with perhaps the wrenching and laceration of the vertebral articulations, is perfectly possible to account for the symptoms resulting, and I agree with Mr, Page, that many of these cases are well described by the term "traumatic lumbago."

As contusions and sprains of the back are injuries which are often followed by the development of symptoms which are described as traumatic neurosis, or traumatic neurasthenia, it seems to me that these are cases which should be carefully treated when they first come under the observation of the surgeon, for I am sure that many of these cases if so treated by rest and fixation for a short time would make more complete recoveries, and would be less likely to develop the symptoms above described. In cases of contusions or sprains of the back in which symptoms of traumatic neurasthenia develop, and which give rise to litigation it is often difficult for the surgeon to estimate how far the original shock of the system following the injury is responsible for the symptoms presented. In many cases the objective signs presented leave no doubt of the severe nature of the injury, while in other cases the symptoms complained of are mainly subjective in their character, and these are the cases which give rise to the most troublesome litigation. It is often difficult to decide whether the symptoms presented are merely assumed or exaggerated for fraudulent purposes, or whether, without any attempt at deception on the part of the patient, injuries trivial in themselves may be unconsciously exaggerated, and be apparently productive of serious results. Although many severe injuries of the back apparently recover without developing such symptoms as have been described, there is no doubt that the element of compensation for suffering and disability from the injuries received plays an important part in the exaggeration of these symptoms, and the expectancy may be justly credited with an important place in their exaggeration. In cases of serious disorder resulting from contusions and sprains of the back, often apparently trivial, the symptoms developing are usually progressive in their character, and soon there will become manifestly marked objective signs, such as paralysis, disturbances of the reflexes, loss of electrical excitability, dis-

turbances of the bladder, loss of flesh, sleeplessness, etc., which place the existence of morbid changes beyond a doubt.

## DISCUSSION.

Dr. James Collins: I regard the method described as ideal with one exception. My habit has been to suspend the patient and then fix the back, not necessarily to lift him up, but simply to make the back straight. I regard this as necessary to make the treatment ideal.

Dr. John Ashhurst Jr.: I have often resorted to this mode of treatment. Where the condition is one of contusion rather than of sprain, I commonly apply lead-water and laudanum, or some similar fomentation, until the superficial tenderness has passed away, and then apply strapping. In sprain or partial rupture of the muscles of the back, the immediate application of straps or of some other means of securing complete rest is all that is required, but where there is a positive contusion there is, I think, advantage in first using anodyne fomentations for a few days.

Dr. Richard T. Harte: I have seen many contusions of the back at the Pennsylvania Hospital, the force often being received over the ribs and transmitted to the vertebræ. In these cases I think that there is a certain amount of synovitis and arthritis between the end of the ribs and the vertebræ. In all these cases treatment by strapping gave immediate relief. If the patients are allowed to go without treatment they often go from bad to worse and have a long convalescence.

Dr. Joseph Hearn: It might be of interest to refer to the diagnosis between lumbago and sprain in the back. If a person sprains his back he goes about his work for an hour or two without any discomfort, but when he takes a rest he cannot get up. In lumbago the pain comes on suddenly and continues.

Dr. Wharton: I have had no experience with suspension, as I have been satisfied with the use of straps.

In cases where there was contusion with effusion of blood I formerly used lead-water and chloride of ammonium lotion, but in my recent cases I have resorted to strapping, even when this condition existed. In these cases the patients experienced relief, and the pressure probably limited the effusion of blood.

## Selections.

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### THE EARLY DIAGNOSIS OF CANCER OF THE CERVIX UTERI.

—The *British Med. Jour.* for May 12th gives a report of an address delivered before the Southeastern Branch of the British Medical Association by Dr. Ernest Herman, of London, in which he says that the early diagnosis of uterine cancer is important, as secondary growths occur later and more seldom with cancer of the uterus than any other part of the body, and, if it is removed, there is a better prospect of freedom from recurrence than in any other form of the disease. Modern improvements, he says, have made it possible to remove cancer of any part of the body, and, if it is removed, there is a better prospect of freedom from recurrence than in any other form of the disease. Modern improvements, he says, have made it possible to remove cancer of any part of the uterus, so long as it is limited to this organ, with little risk, but to be successful it must be limited to the uterus. Cancer of the vaginal portion begins in a part that can be felt and seen, and it can be diagnosticated earlier than any other form, and therefore ought to be more successfully treated; cancer of the cervix spreads more rapidly beyond the other form, and is less amenable to treatment. This disease occurs chiefly toward the end of the child-bearing period, but it has been seen in childhood and in extreme old age, and therefore the patient's age should not influence the diagnosis in the least. A tendency to cancer is sometimes hereditary, but this should not have the slightest weight, as only a very small proportion of patients inherit the disease.

The first symptoms of cancer are usually hemorrhage and leucorrhœa; pain and wasting come later. The early diagnosis is so important, says Dr. Herman, that any unusual hemorrhage or discharge in a woman who has had children is a reason for vaginal examination, for it may be the first symptom of cancer, and the nature of this disease can not be determined without



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local examination. In considering the local signs, the features which distinguish cancer in any part of the body must be taken into consideration.

When cancer begins as an outgrowth from the surface it may look like a growth of warts, or papillæ, or granulations on the vaginal portion, and the surface feels uneven or even and rough. It may begin also as an ingrowth beneath the surface. It can be detected by an angry, livid red spot, the surface of which is at first quite smooth. This angry color depends upon the vascularity caused by the new growth and upon its tendency to break down, which leads to minute hæmorrhages into the growth before the breaking down is extensive enough to make a breach of the surface. The livid surface of a cancer spot bleeds on being rubbed, so that a smooth, dark-red spot, bleeding on contact, is very suspicious. This is the earliest stage of cancer, and if there is a nodule that can be felt, the suspicion is still stronger. If the cancer has so advanced as to form a growth like a mushroom or a cauliflower, the diagnosis can scarcely be doubtful.

With regard to microscopical diagnosis, Dr. Herman thinks that the value of the microscope has been overestimated, and that to rely upon its use may lead to many mistakes. It may now and then, he says, reveal cancer in a doubtful case, but negative microscopical evidence should never be trusted. The characters seen with the naked eye and the behavior of the growth should always be taken into account as well as its histology, and if the two conflict, the behavior is the more trustworthy. If the case is a doubtful one, behavior of the suspicious part under treatment is the best test. One or two applications of strong carbolic acid will improve the local condition, and the diseased part will cease to bleed on contact. If the disease is cancer, these applications will stimulate its growth, and the local changes will be more pronounced after such treatment.

After there are symptoms indicating cancer of the cervical canal, and nothing is detected with the fingers and the speculum to account for them, the suspicion can be confirmed only by dilating the cervix. The liability to error in conclusions based on a microscopical examination of broken-off pieces, says the author, applies more strongly to this form of cancer than to that

of the vaginal portion, as it is not possible to detect where the broken off pieces come from. This form of cancer advances so rapidly, and the initial signs are so slight, that the opportunity seldom occurs for early diagnosis and treatment.—*N. Y. Med. Jour.*

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**A MISPLACED TESTICLE RESTORED TO ITS PROPER POSITION.**—Dr. Edward Martin presented to the College of Physicians, of Philadelphia, Surgical Section, April 15th, ult., a case of misplaced testicle in a boy aged nine years. He said the testicle normally descended on the left side, but on the right side it had gone into the perinæum, lying an inch in front of the anus. It was freely movable and normal in size. The difficulty, of course, had been that from its false position the gland had been exposed to traumatism. The boy had already suffered from one attack of acute orchitis. The history of these cases of misplaced testicle showed that the gland was at first entirely normal in structure and development; but that it finally, simply from chronic inflammation incident to repeated slight injuries and atrophies, had become useless; hence the great importance of shifting the still normal testicle to its protected position.

The only method to be considered in this case had been a free incision, division of adhesions, and replacement. The testicle had been cut down upon. The cord had been dissected free; some dense fibrous bands passing backward toward the anus and adherent to the epididymis had been cut, an opening had been made in the tissue of the scrotum, and the testicle had been secured in its proper position by two stitches passing through the lower part of the vaginal tunic and the inner skin surface of the base of the scrotum. The long wound had been united in a cross direction, thus deepening the scrotal sac. The wound had healed without suppuration, and the testicle lay in a perfectly normal position.

The boy was now perfectly well and able to ride a bicycle without discomfort.—*N. Y. Med. Jour.*

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**THE CURETTE: ITS INDICATIONS AND DANGERS.**—The operation of curettage required as strict an observance of the *tech-*

*nique* of antiseptis as a laparotomy. In applying traction to the uterus, great caution should be exercised, particularly where inflammatory changes have taken place in the adnexa. Dilatation or divulsion of the canal is not always demanded, as for instance in puerperal disease. The steel dilator with thick corrugated blades, is the best and safest instrument. Where much contraction is present, a finer instrument, or even a pair of uterine dressing forceps may be used at first. Open the blades slowly, and by manual pressure alone. The screw should be used with the utmost caution, if at all, for it exerts an amount of power that cannot always be measured by the operator. He was convinced that a considerable proportion of the disasters that follow curettage are due to too rapid divulsion.

With the sound, the direction and length of the canal is now ascertained, the curette is pressed to the fundus, and the endometrium scraped systematically; commencing at one cornu, and working round to the place of beginning. A grating of the tissue under the instrument is sometimes felt by the operator, and even heard by the assistants; This sensation is not imparted in every case, and must not be always expected. The muscular tissue may, in certain septic conditions, be so softened and degenerated that the operator, in search of the grating sensation would be likely to achieve perforation instead. The next step is irrigation of the uterine cavity with hot water. This is best done with a reflow irrigator. Swabbing the cavity with iodine tincture after curetting interferes with good drainage. It is an astringent, and upon its use the organ contracts, so that gauze packing can only be imperfectly done.

For packing, take a strip of iodoform gauze an inch and a half wide and one or two yards long, and pack it lightly up to the fundus, leaving the end hanging from the os. Leave this *in situ* not less than forty-eight hours. If removed sooner than the second day, it has to be torn from its adhesions, often causing fresh bleeding and increasing the traumatism. After the second day it will have become coated smoothly with lymph and slips easily out of its bed. After removing the gauze, a vaginal douche must not be given for eight or ten hours. A week or ten days in bed must be insisted upon in every case.

Curettes of various designs are to be found, but they may be reduced to two varieties, the sharp curette with inflexible shank,

and the dull curette with flexible shank. There are cases which call for the sharp instrument, and without it no surgeon's equipment is complete. But it is surprising how thoroughly the womb can be scraped with the milder instrument, how much securer the surgeon feels in handling it, and how much more benign are its after-effects in comparison. We ought not to consider the curette as a knife; its end and aim is to scrape and not to cut. The flexibility of the shank is a decided advantage, but it should not bend too easily. A moderately small blade will prove most serviceable, and will require less dilatation for its admittance.

The indications for the curette are numerous and varied, and it is constantly supplanting older methods of treatment. There are many other conditions besides those in which hemorrhage is a leading feature, where the usefulness of the curette has been prominently brought forward of late. The following is a brief consideration of the principal ones:

*Puerperal Endometritis.*—Much has been said lately for and against curettage in puerperal endometritis. But the speaker was convinced that many a life would be saved if it were resorted to more promptly and unflinchingly in this formidable disease. The following were the objections offered: 1. The procedure is highly dangerous. 2. The affection is systemic, resulting from absorption of toxins, and the curette cannot reach it. 3. The endometrium is, in most cases, only secondarily affected. 4. Admitting that the endometrium is primarily affected, the infection spreading so rapidly beyond the mucosa that the only result is to inflict further lesion for the introduction of sepsis. These objections are largely theoretical. Results prove emphatically that the curette does reach the disease and exercises a profound influence upon it. Nothing is so dangerous as non-interference. The magnificent achievements of Weiss and others with the curette in puerperal sepsis mark a new era in our treatment of this disease.

*Chronic Endometritis.*—The curette treatment of obstinate endometritis is one of the most promising of the recent steps in gynecological advancement. The procedure may have to be repeated, but even one curetting will often work a radical change for the better.

*Salpingitis.*—In acute tubal diseases, the teachings of Pryor,

Krug, Baldy and others, as to the value of curettage, may be accepted as generally true. A salpingitis is always an extension of an endometritis; and, on the other hand, an endometritis may be kept alive, or constantly relighted, by a discharge from a diseased tube. Treat vigorously the endometritis by scraping and repeated packing, and a marked effect is produced upon the salpingitis. It is especially in the early stages of tubal diseases that the benefit of curettage is most apparent.

*Pelvic Peritonitis.*—To curette the womb for the relief of pelvic peritonitis is a procedure that has recently found earnest advocates among advanced gynecologists. On pathological grounds there is much to be said in its favor, for pelvic peritonitis is always of septic origin. Those who, in cases seen early, before the inflammation has advanced, at once remove the source of infection, the septic endometrium, claim that the results fully justify the procedure.

*Chronic Metritis.*—In this rebellious affection, it is seldom that the symptoms are not ameliorated by the judicious use of the curette, which may be frequently repeated with impunity and with benefit.

A few words on the dangers and contraindications of the curette. It would be useless to deny that untoward results are constantly following its use. A seemingly careful and gentle application of the instrument has been known to again and again light up a violent inflammation. Why should so rational an instrument be so fertile in the production of pelvic disease? Neglect of post-operative and ante-operative antiseptic minutiae is a more prolific source of failure than any other cause.

Delicacy of touch is another prerequisite. As a rule, the curette is wielded too vigorously. It is easy to scrape a hole through the womb in certain conditions of the organ, and we never can be fully positive that those conditions are not present. Perforation of the uterine wall is an accident that might be supposed to be due to rough or incautious use of the curette, but it is not always so.

Fewer accidents would occur if more gentleness were observed both in dilating and scraping, and if more precision in the knowledge of intra-pelvic conditions were first arrived at; in short, if the instrument were resorted to in a less routine manner.—W. H. MAYS, M.D., in *Southern Cal. Practitioner*.

THE CAUSES AND TREATMENT OF INFANTILE DIARRHŒA.—The *Journal de clinique et de thérapeutique infantiles* for May 24th publishes a paper on this subject by Dr. G. Variot in which he says that the majority of infants who are attacked with diarrhœa and vomiting are those artificially fed or those who are given solid food at a time when their digestive organs have not attained their full activity and power. Where there is hereditary syphilis or scrofulo-tuberculosis, the children are more susceptible to digestive troubles, as these affections greatly impair the young organism, the digestive organs of which are in a constantly changing condition. In these cases diarrhœa is only an epiphenomenon, and it is not astonishing if it resists the usual means for combating it, for it may be combined with tuberculous lesions of the intestine or of the mesenteric ganglia.

Children nursed exclusively at the breast are rarely attacked with persistent diarrhœa, although, even in this case, too frequent nursing will cause a gastro-intestinal dyspepsia, accompanied by repeated vomiting and diarrhœa. A constant change also of wet nurses, is, again, a cause of this affection in infants.

With regard to solid food, physicians have insisted that milk is the only diet for infants, but it seems almost impossible, says Dr. Variot, to impress this simple fact particularly upon the common people, who, in France, and in America, according to Dr. L. Emmet Holt, obstinately cling to the idea that the sooner the children are fed on solid food the quicker they will grow. It is generally admitted that food should not be given to infants before dentition occurs. At this age the salivary and intestinal glands are powerless to saccharize the starchy substances, which irritate the mucous membranes and undergo injurious fermentations. In some cases which had come under the author's observation, where solid food had been given to the children, the abdomen was distended and dilated, and at the linea alba there was a true eventration, so that one or two fingers could be introduced between the two recti muscles, and this eventration indicated that the abdominal wall had been in some way forced open by the flatulent distention of the intestines. This flatulence was without doubt connected with the abnormal gaseous fermentation of the starchy substances.

Another cause of diarrhœa in infants is the quality of the

milk, which is often inferior, and the milk which is sold to the poor, especially in large cities, is often dirty and adulterated. Much sickness and many deaths also are attributed to the use of the nursing bottles with long rubber tubes, which are so difficult to clean properly, and to the rapid alterations of the milk, into which the breath of the child is constantly passing; the milk also is often diluted with impure water and contains septic germs which provoke very dangerous fermentation. The statistics of death from diarrhœa, drawn up by different observers, all go to show that the mortality is greater in June, July, and August, and at this time the digestive organs should be carefully watched, particular attention being paid to the quality of the milk and to its sterilization; if necessary, the quantity should be somewhat reduced at each meal. Some writers have observed epidemics of diarrhœa, and some cases of contagion. Although not much importance is attached to the latter, it is well, the author says, to take children to the country during hot weather. Another cause of diarrhœa is dentition, the effects of which should not be neglected. The author does not share the popular idea that diarrhœa from this cause is salutary and needs no attention; at this time the digestive organs of infants should be carefully watched. As soon as the diarrhœa appears the child should not nurse oftener than every three hours; if it is artificially fed the milk should be diluted with a third of limewater. Before the child nurses a teaspoonful of the following mixture should be given: Distilled water, two ounces; lactic acid, half a drachm; tannin dissolved in alcohol, eight grains; and syrup of quince, five drachms.

For a child fed artificially, the author always prescribes sterilized milk, and gives careful directions for the antiseptic cleansing of the bottle. The best proof, he says, that diarrhœa, if it is treated from the first day of its appearance, is due to the bad quality of the milk, is that it yields to treatment in two or three days after the administration of sterilized milk. In some of the author's cases this was the only agent used to effect a recovery from attacks of diarrhœa due to bad milk, toast-water, etc. If sterilized milk is properly prepared and of good quality, it is the best food for children artificially fed, as the sterilization destroys all morbid or noxious germs, and the author has observed that, as a rule, it is well borne by infants.—*N. Y. Med. Journal.*



**ELECTRICAL TERMS.**—The “volt” is the unit of measure of electro-motive force, which will circulate a current of electricity of one “ampeer” through a resistance of one “ohm.”

The “ampeer” is the unit of measure of the “volume of the “volt” or “strength” of a current. The “ohm” is the unit of measure of the resistance of the circuit.

The number of ampeers flowing through any circuit is equal to the number of volts of electro-motive force, divided by the by the number of ohms of resistance in the entire circuit. (Ohm’s Law.)

The term “electro-motive force” is used to designate the pressure or head under and by virtue of which an electric current circulates. This is created by a “difference of potential” causes, from the two sides of the source of supply.

“Difference of potential” corresponds to a difference in level in hydraulics or a difference in temperature in thermo-dynamics. A current will flow from a higher or “positive” potential to a lower or “negative” potential as there exists a difference of potential.

The “coulomb” is the established unit of measurement of the quantity of the current, and its value is equal to that quantity of electricity which will flow through or into a body when one ampeer of strength flows for one second of time.—*Electricity*, W. Adams, M.D.

**THE TREATMENT OF UTERINE INERTIA WITHOUT DRUGS OR TONICS.**—Van Waters (*N. Y. Med. Jour.*, June 25, 1893,) remarks that the beneficial action of a suppository in the rectum in constipation is widely known. He asks: Why should not the same good result follow the use of a suppository in uterine inertia, and what more ready and effective suppository could we have than the hand? Hence when the case has so far progressed that we are satisfied it is time for delivery to take place and yet inertia has supervened, the hands should be rendered strongly aseptic by the use of water, soap and a brush, and afterward immersion in a creolin solution. Then, and after the administration of a little chloroform, the hand, well annointed with vaseline, should be gradually and slowly introduced into

the vagina. As soon as it has remained there a few minutes pains will commence and increase in severity, in some cases to such an extent that the hand has to be withdrawn. In those cases in which Van Waters has resorted to this procedure the results have been most gratifying.—*The University Med. Magazine.*

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**LEG ULCERS.**—Dr. J. W. Hallum, of Carrolton claims (*Atlanta Med. and Surg. Jour.*) good results in the treatment of leg ulcers by painting them with lead carbonate and linseed oil, in the following proportion :

Pure white lead (ground in oil)..... 3 cxx.

Raw linseed oil..... 3 xlviij.

Mix well, and paint the ulcer once or twice a day, after washing it with warm water. Dry well before painting. The best thing to apply the remedy with is a camel's-hair-brush. He was not able to tell how this application effects a cure; but lead carbonate is a sedative, astringent, and probably possesses disinfectant powers, all of which he considers quite essential in the cure of these ulcers. The shortest time in which he has been able to accomplish a cure by this method was six days. The ulcer was two and one-half inches in diameter, and of three years' standing, but had not penetrated the entire true skin.

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**OPIUM FOR EPILEPSY.**—At a recent meeting of the New York Academy of Medicine Dr. Jos. Collins read a paper in which he set forth his experiences with this agent. He stated that it had been suggested about a year ago, and that he had tried it on fifty patients. The method of treatment was to give from half a grain to two grains daily, and gradually increase to fifteen grains. After a few weeks the opium was discontinued suddenly and large doses of bromide (half a drachm four times daily) were given for a short time, and then reduced. In twenty cases which had been observed closely, all except one had been benefited, and in two there had been no return of the fits thus far. He did not regard the drug as a specific, or as uniting with the bromides, but he thought it a valuable adjuvant, and one that would take a permanent place in the management of this obstinate disease.—*Atlanta Med. Jour.*

**TREATMENT OF LARYNGEAL PHTHISIS.**—Dr. Hajek presented a patient with laryngeal tuberculosis upon whom he had tried a new treatment. The infiltration of the epiglottis was so great that the man could no longer swallow. Dr. Hajek removed the entire epiglottis by means of a galvano-caustic loop, and treated the wound with lactic acid. Four weeks later the patient was able to swallow with ease. Since then he had cured one of the vocal cords which was ulcerated. This was also dressed with lactic acid and healed readily. It is now one year since the epiglottis was extirpated, and the cure is maintained. The patient has increased in weight 19 kilogrammes (38 pounds), proving that his general condition is better. Dr. Hajek stated that he had already extirpated the epiglottis of three patients. The operation is easy, and there is no great danger of hemorrhage. It is indicated in cases of infiltration or circumscribed tumors. The case proves, besides, in his opinion, that the prognosis of laryngeal phthisis is not so grave as one would suppose.—*La Semaine Medicale*, March 14, 1894.

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**THE INDICATIONS FOR BLEEDING.**—Sir Benjamin Ward Richardson is fond of venesection, and in the *Æsclepiad* gives the indications for bleeding as:

In acute spasmodic seizures, as in spasms of croup, in colic and in angina with symptoms of oppression of the right side of the heart with blood:

In acute pain, membranous or spasmodic, as in sudden pleuritic or peritoneal pain, or in pain from passage of a calculus hepatic or renal:

In acute congestions of vascular organs, as of the lungs or brain, apoplexies:

In cases of sudden shock or strain, as after a fall or blow, sunstroke, or a lightning shock:

In some exceptional cases of hemorrhage of an acute kind, unattended by pyrexia.—*Med. Age*.

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**SALICYLATE OF SODA IN TONSILLITIS.**—This remedy is recommended as little less than a specific in acute cases. It should be

given as early in the attack as possible and in sufficient doses to cause ringing in the ears. Fifteen grains every three hours will usually cause this effect, when the dose may be diminished to 10 and then to 5 grains at the same intervals. It should be continued for a day or two after disappearance of the fever.—*N. C. Med. Jour.*

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**THE DEATH TEST.**—Chas. Bouchard declares a certain, simple, and easily applied means of recognizing the presence of death is to ascertain the temperature in the axilla; if this falls below 68° F. it is an undubitable sign that life is extinct.—*Med. Age.*

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**IVY POISONING** will soon be seasonable; and while it is well for people who resort to the country during the summer to be careful while they pick wild flowers, it may be of use to them to know that, according to a series of cases recently reported by J. Abbott Cantrell, M.D. (*Philadelphia Polyclinic*, May 12th), Labarraque's solution (solution of chlorinated soda) is an excellent remedy. It should be applied in full strength by means of a pledget of lint or of diaper cloth, kept constantly wet with the liquid. It will effect a cure in from three to five days.—*The Sanitarian.*

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**FOOD FOR THOUGHT.**—How was it that Marion Sims, Flint, Agnew, Keating, Fordyce Barker, Sir Andrew Clark, Charcot, Billroth, and others, had so much time for literary work? And yet their professional duties were certainly as pressing as anyone's we know. It would seem that they felt the necessity of keeping their brains in good working order by writing; and if they thought so, no one could hardly be excused from saying, "Oh! I can find no time for writing."—*Rhode Island Medical Science Monthly.*

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**DR. ROBERT B. MORRISON** prescribes for warts, five to thirty grains of corrosive sublimate, a drachm of salicylic acid to an ounce of collodion; applied every day for four days, until the wart can be pulled off.—*Maryland Med. Jour.*

**IPECAC.**—Relieves irritation of mucous membranes if accompanied with catarrhal discharge; relieves engorgement of the lungs, and restores irritable bronchi to a normal condition. In minute doses, relieves irritation of the stomach, and controls vomiting if accompanied with intense and persistent nausea.—*Med. Summary.*

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**CALOMEL IN HEPATIC ASCITES.**—Palmer (*Therap. Monatshefte*) points out that Jendrassik in 1885 was the first to recall attention to the diuretic properties of calomel in hydropic conditions, and it has been employed in cardiac, nephritic and hepatic dropsies, giving in the first condition, valuable results at the hands of most observers. Nephritic complications, when thus treated, did not yield so satisfactorily, whereas opinions differed with regard to the benefits to be derived from calomel in hepatic affections. The author describes a series of eight cases of liver disease, comprising patients with and without ascites, in which this condition, when present, was secondary. Most valuable histories and tables are reproduced, showing a remarkably beneficial result in four of the ascitic cases, the urine being increased three to ten-fold in quantity, causing disappearance of the fluid in the abdominal cavity and all the subjective symptoms. In the two remaining subjects with ascites treatment showed no results, the patients dying while in hospital of advanced disease and cholæmia. Very slight diuresis only, though attended with improvement, was produced in two patients, whose disease was unaccompanied by any evidence of œdema or ascites, but great relief was afforded with increase of urine to a ninth and last patient suffering from ascites due to secondary carcinomatous disease of the liver. The calomel was given during successive periods for three days, separated by intervals of one to three days, the drug being given either in repeated doses of four and one-half to nine grains daily, or in quantities decreasing from fifteen to six grains per diem. Two periods sufficed in the case quoted, and stomatitis and diarrhœa were obviated by means of chlorate of potash gargles and opium, the latter only failing rarely and temporarily. Moreover, no renal or cardiac irritation was produced. The manner of action is not quite evident to the

author, who, however, inclines to the view that calomel has a direct action on the kidneys and liver, as the failure of the drug in two of his cases to produce diuresis must be attributed to the advanced disease of the liver, no kidney lesion being found post-mortem.—*Brit. Med. Journal*.

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SANDER & SONS' Eucalypti Extract (Eucalyptol).—Apply to Dr. Sander, Dillon, Iowa, for gratis-supplied samples of Eucalyptol and reports of cures effected at the clinics of the Universities of Bonn and Griefswald. Meyer Bros.' Drug Co., St. Louis and Kansas City, Mo., Dallas, Texas, and New York, sole agents.

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DISINFECTION.—In an article on *scarlet fever* in the June 2nd No. of the *Am. Practitioner and News*, Dr. Lyman Beecher Todd concludes as follows:

At present only three chemical agents are recognized as of value in completely destroying the germs of disease and preventing their spread. These are carbolic acid, corrosive sublimate, and chloride of lime, and it is at once apparent to any one at all familiar with these chemicals, that their employment is necessarily restricted, as all of them are irritant poisons when used in excess.

Of the three, chloride of lime is perhaps the one which may be said to deserve the greatest commendation, on account of its cheapness and the comparatively little danger attending its use.

German authorities advocate the employment of steam and heat, justly maintaining that in these we have cheap and efficient agents which are also highly penetrable and at the same time are dangerous to but few household articles.

The following rules may be said to conform to the latest approved methods of disinfection:

1. All fabrics which will not be injured in the process must be boiled in water for at least four hours.
2. Fabrics which will not stand this treatment are to be subjected to the action of dry heat for a much longer time.
3. Furniture, etc., may be treated with a four-tenth per cent. solution of carbolic acid.

4. All articles which have been in actual use by the patient must be burned.

5. The walls of the room must be thoroughly rubbed down with bread, which must afterward be burned.

6. The sputa and excrements of the patient must be at once treated with chloride of lime.

It is evident that upon the thoroughness of disinfection depends not only the private but public welfare.

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DIURETIC ACTION OF CASCARA SAGRADA.—Mr. Milnes Hey (Hornsey Lane, N.) writes to the *British Medical Journal*: "Some little time ago I noticed after taking some cascara sagrada increased frequency of micturation. I could then find no cause for this. Shortly after I again took this drug, and again noticed the same effect. As I could find no reference to its action as a diuretic, I began to watch its actions on any of my patients who might be taking it, and in the majority of cases I found it to act as a diuretic, a few only not noticing any difference. In one case, a Mr. D. H—, the effect was marked, as the patient himself complained of the number of times during the day he was obliged to urinate. I analyzed his urine, and found it to be quite healthy. On stopping the cascara he ceased to be troubled. One of my medical brethren told me that he also had noticed this same effect of this drug upon himself. The cascara sagrada that I use, and I have always used, is the liquid extract of Park, Davis & Co. I should be interested to hear if this diuretic action has been observed by others."

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SANDER & SONS' Eucalypti Extract (Eucalyptol).—Apply to Dr. Sander, Dillon, Iowa, for gratis-supplied samples of Eucalyptol and reports of cures effected at the clinics of the Universities of Bonn and Griefswald. Myer Bros.' Drug Co., St. Louis and Kansas City, Mo., Dallas, Texas, and New York, N. Y., sole agents.

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his patient.

## *Editorial.*

### AMERICAN MEDICAL ASSOCIATION.\*

*Forty-fifth Annual Meeting, held in San Francisco, Cal., June 5, 6, 7 and 8, 1894.*

The forty-fifth annual meeting of the American Medical Association was held at I. O. O. F. Hall, San Francisco, and was called to order at 10 A.M., Tuesday, June 5th, by President James F. Hibberd, of Indiana. On the platform was seated Dr. I. N. Love, of Missouri, Second Vice-President; Dr. William B. Atkinson, of Pennsylvania, Permanent Secretary; Dr. J. Simmons, President of California State Society; Dr. R. H. Plummer, Chairman of Committee of Arrangements. Prayer by Rev. Dr. Robert McKenzie. Governor Markham and Mayor Ellert were unavoidably detained.

*Address of Welcome.*—Supervisor J. G. James, on behalf of the Mayor of San Francisco, extended a hearty welcome to the members and tendered the freedom of the city. Dr. G. L. Simmons, of Sacramento, followed in behalf of the California Medical Society, and delivered the Address of Welcome.

Dr. R. H. Plummer, Chairman of the Committee of Arrangements, offered instructions and information to delegates and visitors. After which he presented a gavel to President Hibberd. The handle was of orange-wood, which is the State color—yellow; body of manzanita wood, peculiar to the Pacific slope; sides, gold, inscribed "A. M. A., 1894;" on the obverse was "James F. Hibberd, President."

The physicians of Oregon, by the courtesy of Dr. W. G. Owens, sent one dozen gavels for use in the various sections; the handles were of yew-wood, and the body of myrtle.

Dr. James F. Hibberd, President, then delivered the annual address. The subjects touched on were: Representation in the Association; Subordinate Medical Societies in their Relation to the Association; The Nominating Committee; The Army Medical School; The Library of the Surgeon General's Office of the U. S. A.; The Public Health Bill; The Progress of Medicine in the Near Future, and Amendments to the Constitution and the Code of Ethics. His address was brief, but pointed and practical.

On motion of Dr. W. T. Bishop, of Pennsylvania, the address was re-

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\*From Medical Record, June, 1894.

ferred to a committee of five for consideration. The following committee was appointed by I. N. Love, acting president: Drs. W. T. Bishop, of Pennsylvania; Lyman Beecher Todd, of Kentucky; Beverly Cole, of San Francisco; Fred W. Mann, of Michigan, and J. P. Woodbridge, of Michigan.

■ Dr. I. N. Quimby moved that a committee of five be appointed to especially consider the danger of a reduction of the number of surgeons of the army. The following committee was appointed: Drs. I. N. Quimby, of New Jersey; J. Copeland, of Alabama; J. B. Hamilton, of Indiana; E. E. Montgomery, of Pennsylvania; and J. M. Duef, of Pittsburg.

On motion, Dr. Edward C. Ingalls, of Chicago, was elected a member of the congress by invitation. On motion, the delegates from the Pharmaceutical Association were invited to seats.

*The Treasurer's Report* was read by the permanent secretary, owing to the illness of the treasurer. Dr. Ingalls presented the treasurer's report in detail, endorsed by Drs. E. E. Montgomery and E. Fletcher Ingalls. On motion of Dr. Hume, the report was received and filed.

*The Report of the Secretary Regarding Revision of the Code.*—The report stated that the States opposed to changes were 21; in favor—Nebraska, Vermont, Indiana, 3; laid on table—Wisconsin, Florida, 2; not considered, 2; no reply, 11.

*Election of Delegates to Nominating Committee* was then proceeded with. A resolution was offered by Dr. L. D. Dulky, of San Bernardino, on behalf of the business committee:

*Whereas*, Each section should have three members on the business committee of the association, and

*Whereas*, a considerable number have signified their inability to be present this year;

*Resolved*, That the officers of the various sections be hereby instructed to appoint from the members in attendance, alternates to act at this meeting for those who are unable to be present.

Resolution No. 2;

*Whereas*, Dr. R. J. Dunglison has been for seventeen years a faithful, energetic treasurer of this Association without any compensation; therefore be it,

*Resolved*, That the hearty and unreserved thanks of this Association be cordially extended to him for his efficient and laborious duties on behalf of this Association, and a copy of this resolution be forwarded by the secretary to Dr. Dunglison.

Amended by Dr. Montgomery, to present to Dr. Dunglison \$300 as appreciation of services.

The meeting then adjourned.

SECOND DAY, WEDNESDAY, JUNE 6TH.

The General Session was called to order by President Hibberd at noon.

*Report of the Committee of Arrangements.*—The following resolution was offered by Dr. Quimby, of New Jersey.

*Resolved*, That the American Medical Association urge upon Con-

gress the advisability of preserving and promoting the efficiency of the Army Medical Department.

*Resolved*, That any reduction in the present membership of the Army Medical Department, or of its appropriation, would be prejudicial to the interests of the army and of the country. And be it,

*Further Resolved*, That the Secretary be instructed to thus inform Congress by telegraph.

The resolution was carried.

*The Nervous System in Disease, and the Practice of Medicine from a Neurological Standpoint*, was the subject of the address in Practical Medicine by Dr. C. H. Hughes, of St. Louis, which was delivered in a most happy and appropriate manner.

Dr. Didama, of New York, moved that thanks be extended to Dr. Hughes for his paper read. Carried.

A resolution was offered by Dr. Marcy, of Boston, recommending the appointment of State examining boards. Carried.

The report of the Journal was adopted as the sentiments of the American Medical Association. The association then adjourned to meet at 10:30 A.M., on Thursday, for special consideration of the constitution and code revision.

Dr. Dunglison tendered his resignation as treasurer.

#### THIRD DAY, THURSDAY, JUNE 7TH.

The third general session was called to order by the President at half-past ten o'clock.

*Report of the Committee on Revision of the Constitution.*—Dr. Holton, Chairman of the Committee on Revision of the Constitution and By-laws, presented the majority report adopted by the Committee. This matter was, he said, one of great and vital importance, the most important business, indeed, of any to be acted upon at this meeting of the American Medical Association, and should receive the most careful and thoughtful consideration. He warned his hearers not to confuse this with the matter of revision of the Code of Ethics. The latter was in a great measure a sentimental matter, but this was a business proposition of vital importance to the entire Association and to the medical profession of America. In deliberating upon the amendments proposed, the members of the Committee had had constantly before them the question: What will be for the best good of the Association? What will serve best to increase the membership of the Society and add to the subscription list of the *Journal*? What will conduce most to making the *Journal of the American Medical Association* the best medical journal published in the world and at the same time truly representative of the great Society under whose direction and for whose benefit it is published?

Dr. H. D. Didama, of New York State, of the Committee on Revision then presented a minority report, differing in many essential particulars from that adopted by the majority. This was the signal for an exceedingly animated discussion, in which a number of members took part, and which threatened at one time to become somewhat personal in character.

It was interrupted from time to time by motions to lay the whole matter on the table, but these were voted down, and finally the minority report was substituted for that of the majority of the Committee first presented. A motion was now made to adopt the minority report as a whole, and on this a roll-call was demanded. The calling of the roll was proceeded with very slowly, being frequently interrupted by objections, but was finally completed, 215 votes in all having been cast. Of this number there were 151 ayes and 64 noes. As a three-fourth vote is required to effect any change in the Constitution of the Association, the motion to adopt the amendments suggested in the minority report was defeated.

As so much time had been consumed in the discussion of these reports, and in calling the roll, the address on surgery, which was in the order for this meeting, was dispensed with and the session was declared adjourned.

The registration list showed an attendance of 600 members, who were accompanied by about 400 ladies.

#### FOURTH DAY, FRIDAY JUNE 8TH.

*Report of the Committee on the Revision of the Constitution.*—At the opening of the final session, the discussion over the conflicting reports of the majority and minority of the Committee on Revision of the Constitution and By-laws was again started, but the members were weary of it and apparently were saving their strength for the dispute over the Code question; so, after a comparatively brief debate, the whole subject of constitutional revision was indefinitely postponed.

*Revision of the Code of Ethics.*—Dr. H. D. Holton, of Vermont, Chairman, then presented the report of the Committee on Revision of the Code of Ethics of the Association. This, like the report of the other Committee on Thursday, gave rise to a heated and somewhat acrimonious discussion.

Dr. Didama, of New York, again made a minority report in opposition to that of the Committee, and the adoption of this report was strongly urged upon the members.

Dr. Ingals, of Illinois, moved that the whole subject be laid on the table, and his motion was carried, greatly to the relief of most of those present.

*The Journal of the American Medical Association.*—The following resolution was introduced, and on motion was referred to the Judicial Council:

*Whereas, The Journal of the American Medical Association has continued to publish unethical advertisements, like those of antikamnia, labordine, and other secret nostrums, and that of the American Physicians' Sanatorium Company offering \$1,000 worth of stock to physicians sending it patients; and*

*Whereas, The Trustees of the Journal have defended such a course on the ground that the money from such advertisements was needed to publish such a journal as they thought creditable to the Association; therefore, be it*

*Resolved, That the various State Medical Societies in affiliation with this*

Association are hereby requested to inform this Association whether their members approve the policy of admitting such advertisements to the pages of *The Journal of the American Medical Association*.

*A Department of Public Health.*—Dr. Wingate presented the report of the Committee on the Establishment of a Department of Public Health at Washington. If it is found to be impossible to obtain legislation creating a Department of Health whose head shall be a Cabinet officer, then in the opinion of the Committee, an effort must be made to secure at least the appointment of a National sanitary officer.

Dr. Cochran, of Alabama, suggested that there should be a conference on questions relating to public health, held annually in Washington. This suggestion having been put in the form of a motion, it was carried by a vote of the members present.

*The Report of the Business Committee* was read, and a suggestion made therein, to the effect that the members who are in arrears for dues be allowed to continue for three years in debt to the Association before their names are dropped from the rolls, was adopted.

*Resolutions on the Death of Dr. Rauch*, which had been presented by Dr. Montgomery, were unanimously adopted.

A communication was read from the Secretary of the Minnesota State Medical Society, inviting the members of the association in San Francisco to attend the meeting of the Society in St. Paul, on their way to their homes in the East. The meeting will be held on the 20th, 21st, and 22d of the present month.

The usual votes of thanks to the medical profession of California and to the citizens of San Francisco, for courtesies extended to the visiting members, were passed.

*Election of Officers.*—The following were elected to fill the offices of the association for the coming year: President, Donald McLean, of Michigan; First Vice-president, Starling Loving, of Ohio; Second Vice-president, William Warson, of Iowa; Third Vice-president, W. B. Rogers, of Tennessee; Fourth Vice-president, F. S. Bascom, of Utah; Treasurer, S. P. Newman, of Illinois; Permanent Secretary, W. B. Atkinson, of Pennsylvania; Assistant Secretary, G. H. Rohe, of Maryland; Librarian, no election; Trustees, Joseph Eastman, of Indiana, J. T. Priestly, of Iowa, J. E. Woodbridge, of Ohio, D. W. Graham, of Colorado, Members of the Judicial Council, T. D. Crothers, of Connecticut, G. B. Gillespie, of Tennessee, W. T. Bishop, of Pennsylvania, C. H. Hughes, of Missouri, I. J. Heiberger, of the District of Columbia, and H. Brown, of Kentucky; to deliver the Address on Medicine, W. E. Quine, of Illinois; Address on Surgery, C. A. Wheaton, of Minnesota; Address on State Medicine, H. D. Holton, of Vermont; Chairman of the Committee on Nominations, Jerome Cochran.

The next meeting will be held in Baltimore, Md., beginning on the first Tuesday of May, 1895. Chairman of the Committee of Arrangements, Julian J. Chisholm, of Maryland.

*The Constitution and Code of Ethics.*—Dr. Marcy, of Massachusetts,

moved that all matters relating to the amendments of the constitution and to the code of ethics, now lying on the table, be taken therefrom for further consideration. Carried. Dr. Marcy then moved to postpone indefinitely the revision of the constitution. Carried. He then moved that a statement making clear the provisions of the proposed new code be published regularly in the *Journal*, so that the exact nature of the proposed changes might be thoroughly understood by all the members of the association. This motion was also carried.

The Address on State Medicine was not read; as the prolonged discussions had consumed the entire time of the session.

Dr. Donald McLean, the newly elected president, was then escorted to the platform and spoke a few words of appreciation of the honor conferred upon him.

Dr. Hibberd, the retiring president, delivered a short valedictory address, and declared the Forty-fifth Annual Meeting of the American Medical Association closed.

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#### OBITUARY—WILLIAM THOMPSON BRIGGS, M.D.

Dr. W. T. Briggs, Professor of Surgery in the Medical Department of Vanderbilt University and the University of Nashville, died at his residence on North Vine Street, in Nashville, at 5 A.M., Wednesday, June 13th. His death was rather sudden and unexpected. He had been in poor health for some weeks past, but had only recently been confined to his bed since the preceding Sunday.

Dr. Briggs was born at Bowling Green, Ky., December 4, 1828, and received his literary education in the schools of his native town. He then graduated in medicine at the Transylvania University at Lexington, Ky., when not 21 years of age. He returned to Bowling Green, Ky., and entered the practice of medicine with his father. He remained there three years when he was elected demonstrator of anatomy in the medical department of the University of Nashville. This was in 1852 and he removed to this city at once and has lived here ever since. Soon after coming to Nashville he formed a partnership with Dr. John M. Watson, one of the most eminent physicians of his day. The partnership was continued up to Dr. Watson's death in 1866. In 1856 Dr. Briggs was made a joint professor of anatomy with Dr. Thomas R. Jennings, professor of anatomy in the university. The university suspended during the war, but in 1865 when it was reopened Dr. Briggs was elected to the chair of surgical anatomy and physiology, which he held until transferred to the chair of obstetrics and diseases of women and children made vacant by the death of Dr. Watson. In 1868 he succeeded Dr. Paul F. Eve, Sr., as professor of surgery, and this position he continued to hold with marked ability in the consolidated medical departments of the University of Nashville and Vanderbilt University up to his death.

Dr. Briggs was a member and ex-President of the American Medical

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Association. He had been honored by this association on several occasions, being elected a vice-President in 1881, President in 1890, delegate to the International Medical Congress of London, England, and was recently elected one of the association's delegates to attend the International Medical Congress at Rome, Italy. He was one of the founders of the American Surgical Association, and was its President in 1885. He was chosen President of the Section of General Surgery in the International Congress held at Washington in 1887.

He was for many years a member of the Tennessee State Medical Society and was elected to the presidency in 1886. He was associated with the late W. K. Bowling, M.D., in editorial control of the *Nashville Journal of Medicine and Surgery*, succeeding him as editor and proprietor, and subsequently transferring it to its present owner and proprietor, his son, Dr. Chas. S. Briggs. He contributed largely and ably to the journalistic, association and society literature of his day. In 1850 Dr. Briggs married Miss Annie E. Stubbins, of Bowling Green, Ky. His wife died about a month ago. By this marriage four children, all of whom are living, were born. They are Dr. Charles S. Briggs, Professor of Surgical Anatomy and Operative Surgery in the Medical Departments of the University of Nashville and Vanderbilt University; Dr. Waldo Briggs, of St. Louis; Miss Virginia Briggs and Dr. Samuel S. Briggs, a young physician of this city.

In response to a call for a meeting of the physicians of Nashville, to take action in regard to his death an assemblage of the leading physicians of Nashville gathered in the Hall of the Nashville Academy of Medicine at 8 P.M., June 13th. Dr. W. A. Atchison was called to the chair and Dr. Hugh R. Miller selected as secretary.

A motion by Dr. J. W. Maddin to appoint a committee of five on resolutions prevailed, and the chair appointed Dr. Thomas Menees, Chairman, and Drs. J. W. Maddin, Shappard, Haggard and Cain.

Dr. Savage moved the appointment of a committee of three to select a suitable orator to deliver a memorial address on the life and works of the eminent physician just passed away, the address to be delivered at some future date, to be hereafter determined on.

This motion prevailed and the chair appointed Drs. Savage, Trawick and Graddy.

Dr. Menees, Chairman of the Committee on Resolutions, here reported that the committee, feeling the gravity of the task allotted to them, and being sensible of the fact that in order to draw up fitting resolutions care was necessary, asked that more time be granted them in which to act. They suggested that the meeting be open for expressions of regret for the death of their eminent brother physician and remarks upon the life and work of the deceased, and that the meeting then adjourn to convene again next Friday night, at the same time and place, to hear the report of the committee. This was put in the form of a motion and carried.

Dr. Savage then stated that the committee on the memorial address would report the name of the orator selected at the same time,

versatility, a writer of eminent merit, and a charming gentleman of the old school who, while alive to the demands of the crowding present, was not unmindful of the historic past. He will be missed in professional walks, and in the quieter and sweeter ways of society there will be many to long for the sight of the vanished hand and the sound of the voice that is still."

**CHOLERA INFANTUM.**—Physicians coincide in their views regarding the treatment of the summer diarrhœa of infants and children to a degree that enables it to be thus briefly summarized: Diet, emptying the alimentary tract, antiseptis. For the antiseptic treatment, Listerine alone, or Listerine, aquæ cinnamon and glycerine, or, Listerine, bismuth and mistura cretæ, will meet many requirements of the practitioner during the summer months.

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R. Listerine  
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R. Bismuth, Sub. Nit..... ʒss.  
Tr. Opii .....gtt. xx.

Syr. Ipecac,  
Syr. Rhei, Arom. } aa..... ʒij

Listerine..... ʒss.

Mist. Cretæ..... ʒj.

M. Sig. Teaspoonful as often as necessary, but not more frequently than every three or four hours. This for children, about ten or twelve months old.

Thirty-two pages devoted to the management of summer complaints of infants and children may be had upon application to the manufacturers of Listerine—Lambert Pharmacal Company, St. Louis.

**THE REMEDY PAR EXCELLENCE.**—In the April, 1894, number of the *Universal Medical Journal*, the companion publication to the "*Annual of the Universal Medical Sciences*," a magazine covering the progress of every branch of medicine in all parts of the world, and both edited by Chas. E. Sajous, M.D., Paris, France, we find the following notice of antikamnia extracted from an article by Julian, which originally appeared in the *North Carolina Medical Journal*.

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tions of the principal medical and nursing terms and abbreviations, instruments, drugs, diseases, accidents, treatments, physiological names, operations, foods, appliances, etc., in the hospital and sick room will be found very useful and well worth the price.

**SAUNDER'S QUESTION COMPENDS No. 3. ESSENTIALS OF ANATOMY**, including the Anatomy of the Viscera, arranged in the form of Questions and Answers, prepared especially for Students of Medicine, by CHARLES B. NANCREDE, M.D., Professor of Surgery and Clinical Surgery in the University of Mich.; etc. etc., fifth edition, 8 vo, pp. 388, with 180 illustrations; enlarged by an appendix containing over sixty illustrations of the Osteology of the Human Body; the whole based upon the last (eleventh) edition of Gray's Anatomy, price \$1.00. W. B. SAUNDERS, 925 Walnut St., Philadelphia, Publisher. 1894.

We have had occasion previously to call the favorable attention of our readers to this excellent little compend; and most heartily endorse this last edition as better than any that preceded it.

**ESSENTIALS OF DISEASES OF THE EYE AND NOSE AND THROAT**, [Saunders's Question Compend No. 14.] By Edward Jackson, A.M., M.D., Professor of Diseases of the Eye in Philadelphia Polyclinic; Surgeon to Will's Eye Hospital; etc., and E. B. GLEASON, S.B., M.D., Surgeon in Charge of the Nose, Throat and Ear Department of the Northern Dispensary, Philadelphia, etc., second edition, revised; 12 mo cloth, pp. 290, with 124 illustrations. price, \$1.00. W. B. SAUNDERS, Publisher, 925 Walnut St., Philadelphia. 1894.

Clearly and excellently written. The amount of material condensed in this little work is remarkable, especially considering the clearness of detail, and it will prove an excellent aid to students and practitioners in readily attaining satisfactory information on the subjects treated.

**TREATMENT OF TYPHOID FEVER.** (Physicians' Leisure Library Series.) By D. D. STEWART, M.D., Lecturer in Clinical Medicine, Jefferson Medical College; Physician to the Medical Dispensary of the Episcopal Hospital, etc. 12 mo., paper, pp. 104, price 25 cents. GEO. S. DAVIS, Publisher, Detroit, Mich. 1893.

A very excellent little work, giving full, practical and valuable suggestions on prophylaxis, general and special; general management, specific and antiseptic treatment; and treatment of special symptoms and complications.

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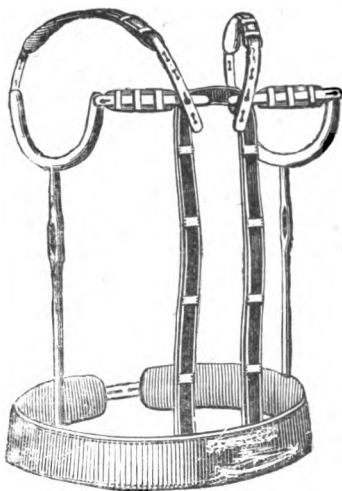
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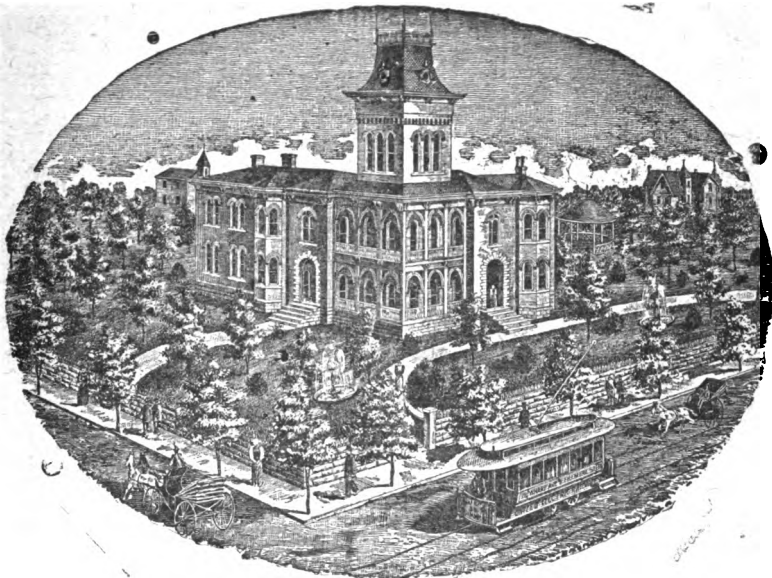
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UNIVERSITY OF MICHIGAN



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# PEACOCK'S BROMIDES

(SYR: BROM: COMP: PEACOCK.)

Each fluid drachm represents 15 grains of the Combined C. P. Bromides of Potassium, Sodium, Calcium, Ammonium and Lithium.

**Uses:** Epilepsy, Uterine Congestion, Headache, and all Congestive, Convulsive and Reflex Neuroses.

This preparation produces results which can not be obtained from the use of commercial Bromide substitutes.

**DOSE.**—One to two FLUID drachms, in WATER, three or more times a day.

## CHIONIA FROM CHIONANTHUS

**Uses:** Biliousness, Jaundice, Dyspepsia, Constipation, and all Diseases Caused by Hepatic Torpor.

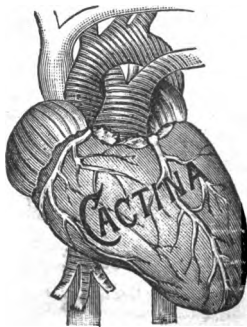
CHIONIA stimulates the Liver and restores it to a healthy condition, without debilitating the system by Catharsis; does not purge, per se, but under its use the Liver and Bowels gradually resume their normal functions

**DOSE.**—One Fluid Drachm three times a day.

SAMPLES SENT TO ANY PHYSICIAN WHO WILL PAY EXPRESS CHARGES.

**PEACOCK CHEMICAL CO., - ST. LOUIS.**

## CACTINA PILLETS



Indicated in abnormal heart action, mental depression, and general debility.

Cactina is the best cardiac and general tonic in the materia medica, and, therefore, indispensable in the treatment of every form of weakness.

**DOSE.**—Each Pillet represents one one-hundredth of a grain of Cactina—the active proximate principle of Cactus Mexicana.

**DOSE.**—One Pillet every hour, or less often, as indicated.

**PRICE, PER BOTTLE (100 PILLETS), 25 CENTS.**

Samples Mailed Free to any Physician Sending His Address.

**SULTAN DRUG CO., St. Louis and London,**

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The form in which remedial agents are to be administered is becoming more and more a question of much moment. Disappointment has often followed the administration of certain drugs in a form not easily soluble, and hence not quickly assimilable by a weak or debilitated digestive function.

By delicate and fastidious patients, moreover, nauseous drugs, being repugnant both to the palate and to the stomach, are refused and thus their use in such cases practically prohibited. It is possible, of course, in many instances, to disguise the taste and odor by means of means of liquid condiments, but thereby the disadvantage of an unduly large dose is experienced.

**Soluble Elastic Capsules Overcome All These Objections.**



10 GRAMMES.



5 GRAMMES.



$3\frac{1}{4}$  GRAMMES.



10 MINIMS.

Prepared from the Finest French Gelatin by Improved Processes and Apparatus. Unexcelled in Quality.

## SALOL COMPOUND:

Salol,  $3\frac{1}{2}$  grs.

Oleo res. Cubeb, 5 grs.

Copaiba Para, 10 grs.

Pepsin Aseptic [1:300], 1 gr.

Physicians will, in view of their knowledge of the constituents of this formula, at once recognize the rational indications for its use.

## THE MEDICINAL INGREDIENTS

whether or not of our own manufacture, are of the best quality obtainable.

## AS TO SOLUBILITY,

the Capsule is easily dissolved by the gastric secretions, and so offers practically no hindrance to the action of the medicine in any stomach, however weak.

## EASILY SWALLOWED

because of their lubricity.

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